

FORM B
CRIME PREVENTION SPECIALIST
RECERTIFICATION APPLICATION

Department of Criminal Justice Services

Applicant's Name: _____

Employing Agency: _____

Address: _____

Recommended by: _____

Signature: _____

Telephone: _____ Date: _____

Employer at time of initial certification: _____

Date of initial certification: _____

A. Have you received forty (40) hours of additional crime prevention training since initial certification as a Crime Prevention Specialist or within the past three (3) years?

- ☐ Yes
☐ No

If Yes, please provide the following information:

Dates	Hours	Training provided by
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. Are you requesting an extension of the time limit before the Crime Prevention Specialist certification expires?

- ☐ Yes
☐ No

If Yes, please justify the extension request.

**PLEASE ATTACH DOCUMENTATION FOR ALL COMPLETED TRAINING
TO THIS APPLICATION AND RETURN TO:**

**Virginia Crime Prevention Center
Department of Criminal Justice Services
805 East Broad Street,n 10th Floor
Richmond, VA 23219
(804) 786-0635**